

30519

State File No. _____

FILED SEP 20 1948

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 515 West Second
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether)
In this community life
years, months or days

3. (a) PRINT FULL NAME JULIA ANN MOZINGO

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased June 25 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 7 hr. min.

9. Birthplace Nodaway Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business Home

12. Name Wm. Mozingo
13. Birthplace Nodaway Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Polly Thompson
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Alta Mozingo

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof Sept. 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marian Cemetery

18. (a) Signature of funeral director Price Turner of Home

(b) Address Maryville, Missouri

19. (a) 9-11-48 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 515 West Second
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1948 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Aug 30th 1948 to Sept 2nd 1948
that I last saw h. es. alive on Sept 2nd 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 days

Due to Cerebral hemorrhage 4 1/2 da

Due to 836

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operations

Of autopsy no autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) (e) Means of injury _____

23. Signature E. D. Dean (M. D. or other) MD

Address Maryville Mo Date signed 9-3-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.